

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT								
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1						61						
2		1					62						
3							63						
4	1						64						
5							65						
6		1					66						
7	1						67						
8							68						
9		1					69						
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40							100						
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46													
47													
48													
49													
50													
TOTAL INO.	3						TOTAL INO.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL	8						TOTAL						